



Mailing Label No. EV 443 089 425 US

PATENT APPLICATION
Docket No. 15436.436.2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
)
	Ralph H. Johnson)
)
Serial No.:	10/026,016) Art Unit
) 2828
Filed:	December 20, 2001)
)
Conf. No.:	6091)
)
For:	VERTICAL CAVITY SURFACE EMITTING LASER)
	INCLUDING INDIUM, ANTIMONY AND NITROGEN)
	IN THE ACTIVE REGION)
)
Examiner:	Dung T. Nguyen)
)
Customer No.:	022913)

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. § 1.10

I hereby certify that the following documents are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 19th day of July 2004.

- Transmittal Letter (3 pages) (in duplicate)
- Amendment and Response to final Office Action (8 pages)
- Two Terminal Disclaimer (2 pages each)
- PTO-2038 Credit Card Payment Form in the amount of \$360.00
- Postcard

Respectfully submitted,

CARL T. REED
Attorney for Applicant
Registration No. 45,454
Customer No. 022913
Telephone No. 801.533.9800

R. PARRISH FREEMAN, JR.
PETER F. MALEN, JR.
L. REX SEARS, PH.D.
WILLIAM R. RICHTER
ERIC M. KAMERATH
ROBERT E. AYCOCK
JENS C. JENKINS
KEVIN W. STINGER
WILLIAM J. ATHAY
MICHAEL B. DODD
RYAN D. BENSON
SARA D. JONES
TIGE KELLER
JANNA L. JENSEN
MATTHEW D. TODD
J. LAVAR OLDHAM
MICHAEL J. FRODSHAM
JOSEPH L. KRUPA
BRETT A. HANSEN
BRETT I. JOHNSON
MATTHEW A. BARLOW
WESLEY C. ROSANDER
ANDREW S. HANSEN
CHAD E. NYDEGGER
JOSEPH G. PIA
CLINTON E. DUKE
DAVID J. LORENZ †



1000 EAGLE GATE TOWER
60 EAST SOUTH TEMPLE
SALT LAKE CITY, UTAH 84111
TELEPHONE: (801) 533-9800
FAX: (801) 328-1707
WEBSITE: [HTTP://WWW.WNLAW.COM](http://www.wnlaw.com)

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* Admitted only in California
† Admitted only in New York

- ____ Letter to the Official Draftsperson;
- ____ Set of _____ (____) sheets of drawings containing Figures _____ including the proposed amendments therein; and
- ____ A duplicate set of the _____ (____) sheets of drawings with the changes therein highlighted in red.
- X Terminal Disclaimers with the fee of \$360 is enclosed.
- ____ To render the transmitted Amendment "____" and Response timely filed enclosed are the following:
- ____ Petition for a _____-Month Extension of Time; and
- ____ Check No. _____ in the amount of \$ _____ to cover the fee for the extension of time.
- X A Certificate of Express Mail Under 37 C.F.R. § 1.10.
- ____ No other additional fee is required.

The fee has been calculated as follows:

			SMALL ENTITY		LARGE ENTITY	
CLAIMS REMAINING AFTER	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'T'L FEE	RATE	ADD'T'L FEE
TOTAL	MINUS	=	X		X	
INDEPENDENT	MINUS	=	X		X	
1 st PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+ _____ =		+ _____ =	
			TOTAL		TOTAL	

- ____ Check No. ____ in the amount of \$ ____ is enclosed to cover the additional claim fee.
- ____ Please charge my Deposit Account No. 23-3178 in the amount of _____.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 23-3178.

X Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR 1.17.

X A duplicate copy of this transmittal letter is attached.

Dated this 19th day of July 2004.

Respectfully submitted,



CARL T. REED

Attorney for Applicant

Registration No. 45,454

Customer No. 022913

Telephone No. 801.533.9800